| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.1 | 36(a) Docket Number (Optional) |
|---|--------------------------------|
| FY 2009 | 0470 - 061191 |
| (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 481) | |
| Application Number 10/576,834 | Filed 4/24/2006 |
| For "Immunemodulating Oligosaccharides" | |
| Art Unit 1623 | Examiner Michael C. Henry |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. | |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): | |
| <u>Fee</u> | Small Entity Fee |
| One month (37 CFR 1.17(a)(1)) \$130 | \$65 <u>\$</u> |
| Two months (37 CFR 1.17(a)(2)) \$490 | \$245 |
| Three months (37 CFR 1.17(a)(3)) \$1110 | \$555 <u>\$ 1110</u> |
| Four months (37 CFR 1.17(a)(4)) \$1730 | \$865 |
| Five months (37 CFR 1.17(a)(5)) \$2350 | \$1175 <u> \$ </u> |
| Applicant claims small entity status. See 37 CFR 1.27. | |
| A check in the amount of the fee is enclosed. | |
| ☑ Payment by credit card. | |
| The Director has already been authorized to charge fees in this application to a Deposit Account. | |
| The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 23-0650 | |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. | |
| I am the applicant/inventor. | |
| assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96). | |
| attorney or agent of record. Registration N | Number22,132 |
| attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 | |
| 11/11/11 /1 Fuzz | May 13, 2009 |
| Signature S | Date |
| William H. Logsdon | 412-471-8815 |
| Typed or printed name | Telephone Number |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | |
| \checkmark Total of 1 forms are submitted. | |